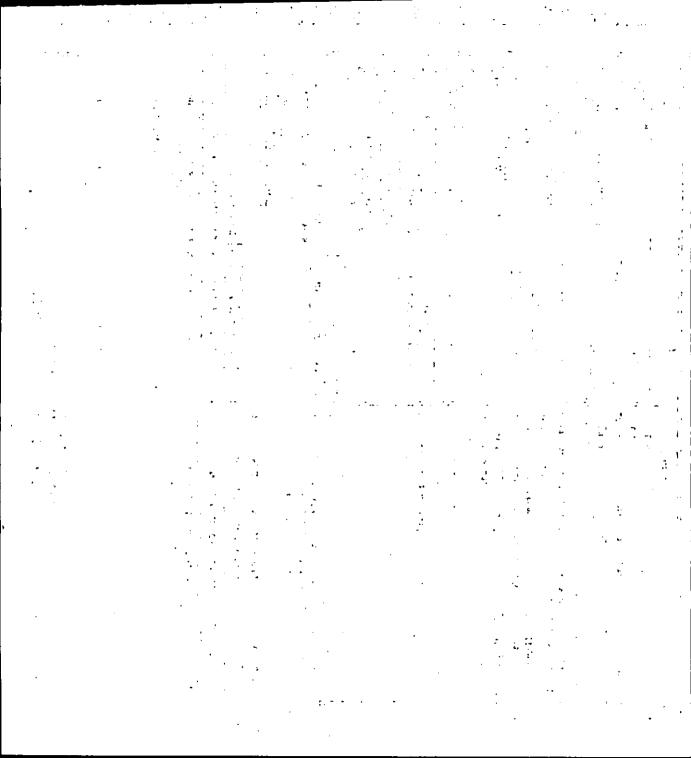
24	SEP 1 9 1 MISSO	BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS TE OF DEATH	Do not u	se this space.
1. PLACE OF D County Township City	Ogsel Steven		ci No. 2 - 6 na Districi No. 1	Registered No	23896 Ward)
(a) Residence (Usual p	e, Nolace of abode) in city or town where death occurred	yrs. mos.	Ward. (Uz ds. Howlong in U.S., if of i	onresident, give city oreign birth? yr	
PERSONAL 3. SEX) 4.	White Diverger (1)	RIED, WIDOWED, OR words the world)	21. DATE OF DEATH (MONTH, DAY,	TIFY, That I a	, 19 5
1. PLACE OF D County Township City 2. FULL NAME (a) Residence (Usual p Length of residence PERSONAL 3. SEX 4. 5A. IF MARRIED, WIDOWE HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (M 7. AGE YEARS	Zuisa t	14 /8 57 / If LESS than 1 day,hrs.	I last saw h alive on hil to have occurred on the dath state. The principal cause of death and the control of the principal cause of death and the control of the principal cause of death and the pri	dbove, atelated causes of impo	m. Death is so mtance were as follow
Sawyer, boo 9. Industry or h work was d saw mill, ba 10. Data deceased this occupa	done, as spluner, dekeeper, etc	time (years)	Other contributory sauses of impor		
12. BIRTHPLACE (CITY (STATE OR COUNTR	Ihomas Fa	(d. Mo	Name of operation What test confirmed diagnosis?		
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE ((STATE OR COL)	natilda S	Inith	23. If death was due to external ca Accident, suicide, or homicide? Where did injury occur?(S. Specify whether injury occurred in	uses (violence), fill in Date of in	also the following: jury, 19, unty, and State)
17. INFORMANT(ADDRESS) 18. BURIAL, CREMATI PLACE	on, or removal ahville DATE	Sha Mo.	Manner of injury		
19. UNDERTAKER (ADDRESS) 20. FILED	6. Davis and	601 5504.71	24. Was disease or injury in any wa If so, specify	Supplied to occupation	of deceased M. I
ω. ΓΙ <u>Ε</u> Ε	- Francisco	Registrar.			



	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
1. PLACE OF, DEATH County Township City		on District No. 5326	File No
2. FULL NAME Lucen	. a Doug	las Fishe	StWard)
(a) Residence, No	()	(If no	nresident, give city or town and State) reign birth? yrs. mos. ds.
PERSONAL AND STATISTIC		MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	Single, Married, Widowed, Or Divorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AN	IFY, That I at snded deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	,		, to, 19
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			above, at
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs. ormin.		Date of ons
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc		4	
9. Industry or business in which work was done, as silk mill.			
saw mill, bank, etc	11. Total time (years)	Other contributory causes of importa	nce:
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		ī	
13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		:	Date of
4. BIRTHPLACE (CITY OR TOWN)		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	O P	23. If death was due to external caus Accident, suicide, or homicide? Where did injury occur?	es (violence), fill in also the following:
Σ (STATE OR COUNTRY)		(Spe Specify whether injury occurred in Inc	cify city or town, county, and State) lustry, in home, or in public place.
17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	DATE,19	1	related to occupation of deceased?
19. UNDERTAKER (ADDRESS)		If so, specify	
20. FILED/D- 6 1934 JC	Mrece	i	, м. р